

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY
DIVISION

07 APR 19 PM 2:20

GBM

DOCUMENT # L06000067825

1. Entity Name
CHARLESTON PARTNERS AT ASHLEY RIVER CLUB,
L.L.C.



Principal Place of Business
300 PARK AVENUE SOUTH, STE. 200
WINTER PARK, FL 32789

Mailing Address
300 PARK AVENUE SOUTH, STE. 200
WINTER PARK, FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-8818243

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUILDER, J. LINDSAY JR ESQ
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME FINDURA, MARK L
STREET ADDRESS 300 PARK AVENUE SOUTH, STE. 200
CITY - ST - ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ms findura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #